

Saving Skin One Pressure Dressing at a Time

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SAVING SKIN ONE PRESSURE DRESSING AT A TIME

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A PASSION FOR BETTER MEDICINE.™



Background/Significance

- RNs on 3A/IPCU have reported numerous incidences of skin tears with pressure dressing removal after Permanent Pacemaker/Implantable Cardioverter Defibrillator insertion, though the exact number is unknown.
- Despite the high skin tear incidence with pressure dressing removal, there is no documented policy on pressure dressing removal.

PICO QUESTION

- Does the use of adhesive remover wipes for pressure dressing removal reduce the incidence of skin tears in the EP patient population s/p PPM/ICD insertion?
 - P: EP patients s/p PPM/ICD insertion
 - I: Adhesive remover wipes
 - C: “Normal” dressing removal
 - O: Prevent skin tears

TRIGGER?

- Knowledge vs. Problem
 - Problem focused
 - The trigger for this project was problem focused. RNs on 3A/IPCU reported numerous skin tears after PPM/ICD insertion site pressure dressing removal. These tears cause patient discomfort, predispose the patient to infection and may require removal of the device.

EVIDENCE

- EBSCO Research and CINAHL were the primary search engines used to collect research on this topic.
- Keywords used in the research collection included skin tears, dressing, pacemaker, wounds, and cardiac resynchronization therapy devices.
- Due to the lack of research on this particular issue, we were only able to collect information from four different articles.
- There is not currently a standardized protocol for pressure dressing removal, but some articles suggest the use of adhesive remover wipes to aid in removal and prevent skin tears.

EVIDENCE

- **Duke University Health Center**
 - Application of adhesive remover wipes to aid in pressure dressing removal.
 - In 200 post PPM insertion cases, there was not one single skin tear documented with the use of adhesive remover wipes.
- **IPCU has experienced at least 1 skin tear every month within the last 8 months- reported by patient safety report**
 - Despite data results nursing staff believe that skin tears are more prevalent than data depicts.
 - Nurses have indicated that skin tears are an ongoing issue post dressing removal.

EVIDENCE

- Skin tears cause significant pain to the patient and adversely affect his/her quality of life.
- Silicone-based adhesive removers have proven to reduce trauma to the skin during dressing removal. Therefore, preventing skin tears.
- Skin tears predispose patients to wound infections.
- Education and enforcement of dressing removal protocols can result in a decrease in the number of skin tears.

EVIDENCE

- Middlesex Hospital outlined their expenses for their skin tear protocol.
 - Costs for the hospital: \$1,260.00 for two weeks of care following discharge.
- Lack of care could lead to infection.
 - Infection may require removal of the device
 - Leads to increased health care costs.

Current Practice at LVHN

- Current practice concerning pressure dressing removal at LVHN is not universal. PAs and NPs remove the dressings by pulling the tape off of the patient's skin.

IMPLEMENTATION

1. Process Indicators and Outcomes

- Adhesive remover wipes and the decrease of skin tear occurrence

2. Baseline Data

- Patient Safety reports involving skin tears post PPM/ICD removal were reviewed along with the testimony of current RNs working on 3A/IPCU.

IMPLEMENTATION

3. Design (EBP) Guideline(s)/Process

- Attaching two adhesive remover wipe packets to the pressure dressings for the PAs and NPs to use in pressure dressing removal.
- Data will be collected and analyzed to determine if the use of adhesive remover wipes reduces the incidence of skin tears with pressure dressing removal.

IMPLEMENTATION

4. Implemented EBP on Pilot Units

- Data for the pilot study began on April 1, 2015 on 3A/PCU.
- The EP lab staff, 3A/PCU staff and ICS recovery staff were in-serviced on the usage of these wipes by the 3A/PCU PCS.
- The EP lab staff or ICS recovery RNs were instructed to attach two adhesive remover wipe packages onto each pressure dressing before sending the patient to 3A/PCU. The receiving RN ensures the wipes are on the dressing upon admission and documents the presence of the pressure dressing in a log book.
- Upon discharge, the presence or lack of skin tears was documented in the log book.

IMPLEMENTATION

5. Evaluation (post data) of Process and Outcomes

- Data will be collected and analyzed to determine whether the use of adhesive remover wipes decreases the incidence of skin tears.

6. Modifications to the Practice Guideline

- Currently there are no practice guidelines on pressure dressing removal at LVHN.

IMPLEMENTATION

7. Network Implementation

- Our plan is to continue the pilot study on 3A/IPCU until September 30, 2015 to potentially enroll a larger number of patients into the study.
- Currently adhesive remover wipes have been utilized on 8 patients. So far, only one skin tear has occurred. This particular skin tear occurred due to lack of education on the utilization of the adhesive remover wipe for dressing removal.

Practice Change

- The goal of this study is to follow appropriate channels to make the use of adhesive remover wipes the standard practice in the removal of pressure dressings post PPM/ICD insertion.
- The utilization of this practice change will decrease patient discomfort in dressing removal, decrease the incidence of skin tears with removal, and decrease the risk of infection resulting from the skin tears.

RESULTS

- **Key Findings:**
 - As of 6/26/15, out of eight recorded pressure dressings, one patient sustained a skin tear.
- **Next steps:**
 - Continue the pilot study to collect and analyze more data.
 - Attempt to obtain permission for 3A/IPCUs RNs to remove pressure dressings.
 - Collaborate with the EPIC team in order to make adhesive remover wipes part of the post-PPM/ICD insertion order set.

Implications for LVHN

- Potential implications of this practice change could include:
 - Decreased risk of skin tears
 - Decreased patient discomfort
 - Decreased risk of infection, including infection leading to device removal
 - Increased patient satisfaction
 - Decreased cost of post-skin tear care

Lessons Learned

- A very small change such as an inclusion of adhesive remover wipes can result in a positive patient outcome.
- Nurses were receptive to this change in hopes of improving patient care.
- 3A/IPCUs were the driving force of selecting this project topic in hopes of improving care.

References

- Barrows, C., & McQueeney, M. (2007, May 1). Repair the Tear - Value Analysis of a Skin Tear Protocol. Retrieved from: <http://less-pain.com/documents/evidence/WC-B-030.pdf>
- Clothier, A. (2014). Assessing and managing skin tears in older people. *Nurse Prescribing*, 12(6), 278-282.
- LeBlanc, K. & Baranoski, S. (2014). Skin tears best practices for care and prevention. *Nursing2014*, 36-46.
- Waresak, M., DeMuro, T., & Henshaw, C. (2008). Remove the dressing, not the skin...Please. *Critical Care Nurse*, 28(2). Retrieved from <http://ccn.aacn.journals.org>

Strategic Dissemination of Results

- **PLAN for DISSEMINATION**
 - Sharing results of the pilot study with EP lab staff and interventional cardiologists.
 - Meet with all stakeholders to create an order set/process that will include the utilization of adhesive remover wipes.

Make It Happen

- Questions/Comments:

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